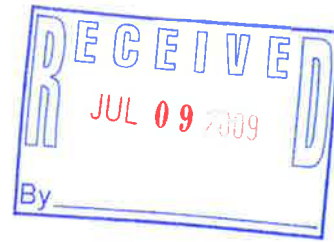


McKee Scout Reservation
Blue Grass Council, BSA
3473 Yorkshire Medical Park
Lexington, KY 40509
July 6, 2009



Attn: Mr. William Shane
Division of Water
Surface Water Permits Branch
200 Fair Oaks Lane
Frankfort, KY 40601

Re: KPDES Application Notice of Deficiency
KPDES No.: KY0074896
McKee Scout Reservation
AI ID: 34888
Montgomery County, Kentucky

Dear Mr. Shane:

Please find the enclosed two additions to our KPDES permit renewal application.

I have included page one of form one, indicating a change in our corporate address in Lexington, KY, and page four of form SC, with the additional information you have requested. All changes and additions are indicated in red.

If you have more questions or requests, feel free to contact me any time.

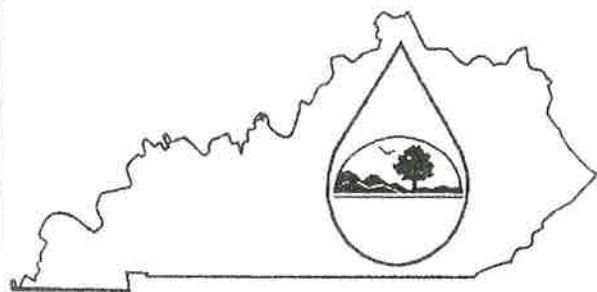
Sincerely,

Kennith D. Green
Camp Ranger, McKee Scout Reservation
8695 Levee Road
Jeffersonville, KY 40337
O-859-498-1328
C-859-274-6045
WW Treatment I 7703

Enclosures: KPDES Form 1 page 1, KPDES Form SC page 4

KPDES FORM 1

✓ A1-34888



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2036 APR 28 P 1:19

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form **C**

For additional information contact:

KPDES Branch (502) 564-3410

CHK 20

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	7	4	8	9	6
A. Name of business, municipality, company, etc. requesting permit Blue Grass Council, Boy Scouts of America									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: McKee Scout Reservation					Owner Name: Blue Grass Council, BSA				
Facility Location Address (i.e. street, road, etc.): 8695 Levee Rd. (St. Hwy. 11)					Mailing Street: 3473 Yorkshire Medical Park				
Facility Location City, State, Zip Code: Jeffersonville, KY 40337					Mailing City, State, Zip Code: Lexington, KY 40509				
					Telephone Number: 859-237-7811				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Boy Scout Camp

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &

Description:

Recreational - Educational

Consisting Primarily of: Camping, Hiking, and Swimming

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Montgomery

City where facility is located (if applicable):

N/A

C. Body of water receiving discharge:

Unnamed tributary (mile 0.3) of Hwy Creek (mile 2.45)

D. Facility Site Latitude (degrees, minutes, seconds):

37° 56' 22"

Facility Site Longitude (degrees, minutes, seconds):

83° 55' 52"

E. Method used to obtain latitude & longitude (see instructions): USGS Topographical map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 093264075

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	4 mg/L	4 mg/L	2
TOTAL SUSPENDED SOLIDS	1 mg/L	1 mg/L	2
FECAL COLIFORM	2/100 mL	2/100 mL	2
TOTAL RESIDUAL CHLORINE	.33 mg/L	.33 mg/L	1
OIL AND GREASE	BDL (DL = 5.0 mg/L)	BDL (DL = 5.0 mg/L)	1
CHEMICAL OXYGEN DEMAND	32 mg/L	32 mg/L	1
TOTAL ORGANIC CARBON	7.3 mg/L	7.3 mg/L	1
AMMONIA	3.7 mg/L	3.0 mg/L	2
DISCHARGE FLOW	.002160 MGD	.00195 MGD	2
PH	7.56	7.46	2
TEMPERATURE (WINTER)	no winter flow	no winter flow	no winter flow
TEMPERATURE (SUMMER)	20°C	20°C	2

B. Frequency and duration of flow:	Intermittent April 1 - May 31 and mid July - Oct. 31. Daily June 1 - mid July.
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): J. Kelly Hampton, Sr. Executive, CEO	TELEPHONE NUMBER (area code and number): 859-231-7811
SIGNATURE  J. Kelly Hampton / CEO	DATE 4/25/06